

Ack. Recpt. \_\_\_\_\_  
Date \_\_\_\_\_

## NOTICE OF FY 17 ML PROJECT COMPLETION

SUB-RECIPIENT \_\_\_\_\_ PROJECT NO. \_\_\_\_\_

PROJECT TITLE \_\_\_\_\_

PROJECT PERIOD: From \_\_\_\_\_ To \_\_\_\_\_

TOTAL FUNDS EXPENDED \$ \_\_\_\_\_

1. All project activities have been completed? \_\_\_ YES \_\_\_\_\_ NO  
If "No" - briefly explain why.

2. Records to backup all expenditures are available in event of state or federal audit? \_\_\_\_\_ YES \_\_\_\_\_ NO  
(All records will be retained for three years, either after the end of the project period, or after final audit is resolved, and equipment records will be retained three years after non-expendable equipment is properly disposed.)

Location of Records: \_\_\_\_\_

3. Was equipment acquired under this project? \_\_\_\_\_ YES \_\_\_\_\_ NO

### COMPLETE THE FOLLOWING WITH YES OR NO:

\_\_\_\_\_ 1. Project disbursements are equal between expenditure ledgers and documents.

\_\_\_\_\_ 2. Expenditures are all listed in their respective categories.

\_\_\_\_\_ 3. Both the final Financial Report and final Progress Report have been submitted to IDJC.

\_\_\_\_\_ 4. Special project conditions were adhered to.

\_\_\_\_\_ 5. All equipment purchased with ML funds has been recorded and property inventory reports submitted to IDJC.

**CERTIFICATION:** I HEREBY CERTIFY that the following reports represent actual receipt and expenditure of funds for the period covered and for the total project to date and are made in accordance with the approved budget for the above-named project.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF FINANCIAL OFFICER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PROJECT DIRECTOR

**MAIL TO:** Dept. of Juvenile Corrections  
Grants Section  
PO Box 83720  
Boise ID 83720-0285

## **NOTICE OF FY17 ML PROJECT COMPLETION, page 2**

**To be completed if there was any equipment purchased, in whole or in part, greater than \$300 with ML funds.**

Sub-recipient: \_\_\_\_\_

Project Title: \_\_\_\_\_

Project Number: \_\_\_\_\_

Description of Property: \_\_\_\_\_

Serial Number or Other ID Number: \_\_\_\_\_

Property Purchased From: \_\_\_\_\_

Titleholder of Property: \_\_\_\_\_

Acquisition Date: \_\_\_\_\_ Cost of Property: \$ \_\_\_\_\_

Percentage of ML funds used to purchase property/equipment: \_\_\_\_\_

Location of Property: \_\_\_\_\_

Equipment/Property Purchased as: New \_\_\_\_\_ Used \_\_\_\_\_

Condition of Equipment/Property: \_\_\_\_\_

If Applicable: Disposal Date: \_\_\_\_\_ Sale Price: \_\_\_\_\_

**(Use additional pages if necessary. Attach any applicable property records or materials.)**

### ***Property Management Notes:***

Other recipient and sub-recipient procedures for maintaining equipment (including replacement), whether acquired in whole or in part with project funds, will, at a minimum, meet the following requirements:

Property records must be maintained which include:

- a. Description of the property;
- b. Serial number or other identification number;
- c. Source of the property;
- d. Identification of title holder;
- e. Acquisition date;
- f. Cost of the property;
- g. Percentage of State participation in the cost of the property;
- h. Location of the property;
- i. Use and condition of the property; and
- j. Disposition data, including the date of disposal and sale price.

A physical inventory of the property must be taken and the results reconciled with the property records at least once every 2 years.

A control system must exist to ensure adequate safeguards to prevent:

- a. Loss;
- b. Damage; or
- c. Theft of the property

Any loss, damage, or theft shall be promptly and properly investigated by the recipient and sub-recipient, as appropriate.

Adequate maintenance procedures must exist to keep the property in good condition.

If the recipient or sub-recipient is authorized or required to sell the property, proper sales procedures must be established to ensure the highest possible return.

**Source:** "Property and Equipment" Financial Guide 2008, U.S. Department of Justice

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Date \_\_\_\_\_

### FY17 ML FINAL FINANCIAL REPORT

SUB-RECIPIENT: _____  Address: _____  Telephone: _____	PROJECT NO. _____  PROJECT AMOUNT: \$_____
PROJECT PERIOD: _____	

PROJECT TITLE: \_\_\_\_\_

REPORT FOR QUARTER ENDING: SEPT  DEC  MAR  JUN  *Check if Final Report*   
 Due Date: Oct 31 Jan 31 Apr 30 Jul 31

**NOTE:** Requests for funds will be denied unless this report is completed and filed on time as required by the project manual.

I. ML FUNDS EXPENDED: \_\_\_\_\_

<u>BUDGET CATEGORY</u>	<u>\$ BUDGETED</u>	<u>PREVIOUSLY EXPENDED</u>	<u>SPENT THIS PERIOD</u>	<u>TOTAL SPENT TO DATE</u>
Personnel	_____	_____	+ _____	= _____
Consultants	_____	_____	+ _____	= _____
Travel	_____	_____	+ _____	= _____
Other	_____	_____	+ _____	= _____
Equipment	_____	_____	+ _____	= _____
<b>TOTALS</b>	_____	_____	+ _____	= _____

II. **CERTIFICATION:** I HEREBY CERTIFY that this report represents actual receipts and expenditures of funds for the period covered and for the total project to date and are made in accordance with the approved budget for the above-named project.

Signed: \_\_\_\_\_ Title: Financial Officer

Signed: \_\_\_\_\_ Title: Project Director

Date Signed: \_\_\_\_\_

**MAIL TO:** Dept. of Juvenile Corrections  
 Grants Section  
 PO Box 83720  
 Boise, ID 83720-0285

Recpt \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

**FY17 ML PROJECT SUMMARY REPORT  
PAGE 1**

SUBRECIPIENT: _____ ADDRESS: _____ TELEPHONE: _____	PROJECT NO: _____ AWARD AMOUNT: _____ PROJECT PERIOD: _____
<p>NUMBER OF VOLUNTEERS FOR PROJECT: _____ TOTAL HOURS: _____</p> <p>1. Is this project continuing? _____ Yes _____ No How is it being funded? (Client fees, grants, donations, etc)</p> <p>2. What was the assessed need for your program and to what extent did you meet the need(s)?</p> <p>_____ DATE</p> <p>_____ SIGNATURE OF PROJECT DIRECTOR</p>	

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PAGE 2**

3. What were the strengths, accomplishments, and successful features of your program? Did you try anything innovative? If so, please explain.

4. Identify challenges that you encountered in implementing your program and explain any steps that were taken to overcome those problems.

5. Other comments. Attach additional sheets if necessary.